

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

09/122484

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		✓			
2	✓		✓			
3	✓		✓			
4	✓		✓			
5	✓	4	✓	4		
6	✓		✓			
7	✓		✓			
8	✓	5	✓	5		
9	✓		✓			
10	✓		✓			
11	✓		✓			
12	✓		✓			
13	✓		✓			
14	✓		✓			
15	✓		✓			
16	✓		✓			
17	✓		✓			
18	✓		✓			
19	✓		✓			
20	✓		✓			
21	✓		✓			
22	✓		✓			
23	✓		✓			
24	✓		✓			
25	✓		✓			
26	✓		✓			
27	✓		✓			
28	✓		✓			
29	✓		✓			
30	✓		✓			
31	✓		✓			
32	✓		✓			
33	✓		✓			
34	✓		✓			
35	✓		✓			
36	✓		✓			
37	✓		✓			
38	✓		✓			
39	✓		✓			
40	✓		✓			
41	✓		✓			
42	✓		✓			
43	✓		✓			
44	✓		✓			
45	✓		✓			
46	✓		✓			
47	✓		✓			
48	✓		✓			
49	✓		✓			
50	✓		✓			
TOTAL IND.	12					
TOTAL DEP.	40					
TOTAL CLAIMS	52					

	* 13		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	✓					
52	✓					
53	✓					
54	✓					
55	✓					
56	✓					
57	✓					
58	✓					
59	✓					
60	✓					
61	✓					
62	✓					
63	✓					
64	✓					
65	✓					
66	✓					
67	✓					
68	✓					
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89	✓					
90	✓					
91	✓					
92	✓					
93	✓					
94	✓					
95	✓					
96	✓					
97	✓					
98	✓					
99	✓					
100	✓					
TOTAL IND.	16					
TOTAL DEP.	93					
TOTAL CLAIMS	109					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS